

02/16/05 EV549908673

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/848,468
	Filing Date	5/2/2001
	First Named Inventor	Gideon A. Yuval
	Group Art Unit	2625
	Examiner Name	Yon Jung Couso
Total Number of Pages in This Submission	Attorney Docket Number	MS1-755US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s)	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

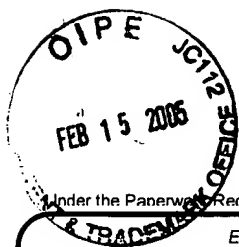
Firm or Individual Name	Keith W. Saunders, Reg. No. 41462
Signature	<i>Keith W. Saunders</i>
Date	2/15/2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Carly Taylor		
Signature	<i>Carly Taylor</i>	Date	2/15/05

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EV549908673

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	09/848,468	
		Filing Date	5/2/2001	
		First Named Inventor	Gideon A. Yuval	
		Examiner Name	Yon Jung Couso	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2625	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	MS1 -755US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY			
Signature	<i>Keith W. Saunders</i>	Registration No. 41462 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type)	Keith W. Saunders	Date 2/15/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV549908673

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/848,468
Confirmation No. 6947
Filing Date May 2, 2001
Inventor Yuval, G.
Group Art Unit 2625
Examiner Couso, Yon J.
Applicant Microsoft Corporation
Attorney's Docket No. MS1-0755US

Title: Software Anti-Piracy Systems and Methods
Utilizing Certificates with Digital Content

REPLY TO FINAL OFFICE ACTION

DATED (MAILED) 11/15/2004

UNDER 37 CFR § 1.116

To: Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: Keith W. Saunders (Tel. 509-324-9256x238; Fax 509-323-8979)
Customer No. **22801**
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Spokane, WA 99201

INTRODUCTORY COMMENTS

In a previous and first Office Action dated (mailed) 02/17/2004, claims 1-47 were examined, and claims 1-47 were rejected. A Reply thereto was filed on 05/17/2004 in which claims 1-47 remained pending.

This Reply is responsive to a current and final Office Action dated (mailed) 11/15/2004. In this current Office Action, claims 1-47 were examined, and claims 1-47 were rejected.

In this Reply, no claims are canceled or added. Hence, claims 1-47 continue to be pending.